

Serial No. 10/431,809

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REMARKS

In the Office action of January 12, 2005 claims 1-7,10,11,14-17,19, and 20 are rejected with claims 8-9,12,13, and 18 objected to. In particular, claims 1,5-7, and 10 were rejected under 35 USC 102(b) as being anticipated by Fogarty et al. USPN 5,824,037; claims 11,14-15 were rejected under 35 USC 102(b) as being anticipated by Dehdashtian et al. USPN 6,663,667; and claims 16-17 were rejected under 102(e) as being anticipated by Chobotov et al. USPN 6,395,019. In addition claims 19 and 20 were rejected under 35 USC 103(a) as being unpatentable over Fogarty in view of Lenker. Claim 10 was objected to because of an informality.

By this amendment, Claims 1, and 11 are being amended to more clearly distinguish over the prior art. Claim 10 is being amended to correct a typographical error found by the Examiner. Applicants' Claim 1 is being amended to call for the first or leading end (16) of the cuff portion to be located about the first or leading edge (13) of the main body of the graft portion. In contrast, the distal (62) and proximal (66) cuff modules shown in the Fogarty reference extend distally and proximally from the tapered prosthetic module (64). The applicants' amended claim 1 requires that first (leading) end of the cuff portion be 'located about the first end of the main body of the graft portion' such that the cuff portion' comprises 'a second layer of material closely adjacent the main body portion'. The main body portion (tapered prosthetic module 64) of the Fogarty reference overlaps with the distal end of the proximal cuff portion such that the first or leading edge of the main body portion is well proximal to the first or leading end of the proximal cuff portion and not located thereabout as required by Applicants' amended claims. The double layer of material about the proximal end of Applicant's graft prosthesis (absent from the reference) advantageously provides the opportunity for both an improved proximal seal thereabout as well as a more secure substrate to which a proximal stent (e.g., a suprarenal stent) can be attached such that the sutures or

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other attachment means are less likely to pull through the material, causing detachment of the stent from the tubular graft.

With regard to the Dehdashtian reference, Claim 11 is being amended so that the external sealing zone comprises 'a second layer of material'. The Dehdashtian reference teaches an external sealing zone comprising plurality of separate threads woven into the graft materials, e.g., 'towel-like' threads, to create a fuzzy surface texture for tissue ingrowth. Applicant's cuff comprises a second layer of material which unlike the plurality of separate threads, provides enhanced anchoring points therealong the proximal end of the graft which are more secure than offered by a single layer, as previously discussed. Therefore, amended claim 11 and dependent claims 14-15 clearly are not anticipated.

With regard to claims 16 and 17, which the Examiner has decided are anticipated by Chobotov, claim 16 requires that the anchoring stent be attached to both the main body portion and the cuff portion. This arrangement is clearly not taught in the Chobotov reference, which in every instance shows the proximal stent attached only to the graft portion and not to the inflatable cuff which comprises an external channel or fluid tight chamber that encircles the graft portion. Indeed, if the anchoring stent were to be sutured or otherwise attached to the inflatable cuff portion, the penetration of the graft material and/or channel material by the attachment means would likely compromise the ability of the channel to remain fluid tight. Thus, one skilled in the art would readily appreciate that the anchoring stent should be attached proximal to the inflatable cuff, which of course is the structural relationship shown in the applied reference. Since the Chobotov reference does not teach attaching the anchoring stent to the cuff portion, claims 16 and 17 are not anticipated by the disclosed matter.

With regard to the rejection of claims 19 and 20 for being obvious with respect to the combined teachings of the Fogerty and Lenker references, neither Fogerty nor Lenker teach an anchoring stent extending proximally from the main body and cuff portion. Rather, the stents shown

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in these references are sewn to and are complete completely covered by the graft materia such that an anchoring stent would not extend therefrom in a proximal direction as claimed by the Applicants. Since the Fogarty and Lenker references do not teach every element of claims 19 and 20, these claims should not be held obvious.

The Applicants acknowledge and appreciate that claims 8-9, 12-13, and 18 have been found allowable, but respectively decline to rewrite them in independent form since we would argue that the claims from which they depend are allowable for the reasons presented above. In a phone conversation with the Examiner around April 12, Applicant's Representative pointed out that the summary sheet of the Office action lists claims 2-4 as being rejected; however, no mention of status of these claims was made in the Detailed Action. Given that all three claims include folded cuff portion which is absent in the Fogarty reference teachings, it is felt that the Examiner meant to merely object to these claims instead of reject them. With the amendments to the parent claim, Applicants argue that these claims should be allowed in their present form. The Examiner indicated in the phone conversation that she would investigate the discrepancy and reconsider the status of these claims.

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For the reasons presented above, Applicants respectively request that each of claims 1-20 be passed to issue. Although the foregoing discussion is believed to be dispositive of the issues in this case, Applicants' representative requests a telephone interview with the Examiner should any unresolved issues remain after the Examiner's consideration of this amendment.

Respectfully submitted,

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May 3, 2005

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